



Maintain No Gain Participant YULE Log Sheet



Week _____ Name _____ Date _____

Beginning Weight _____	Weekly Weigh In _____	Ending Weight _____ (+) or (-) or 0
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	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Type of Exercise							
Duration							

Mark down the stress reducing activity you perform each day for a week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Stress Reducer							
Duration							

Mark down the 5 fruits/vegetables you consume each day for a week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1							
2							
3							
4							
5							

Holiday Weight Maintenance Challenge